

## CHILD HEALTH FORM

(This form renewed annually)

To be completed by child's physician prior to admission to child care facility:

Child's Full Name: \_\_\_\_\_  
(Last/First/Middle)

1. Brief summary of child's medical history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Any mental/physical condition affecting general health? ☐ Yes ☐ No

If "YES", explain: \_\_\_\_\_  
\_\_\_\_\_

3. Special requirements as to diet, rest, avoidance of certain activities or care:

\_\_\_\_\_

4. Any known allergies? ☐ Yes ☐ No (If "YES", name them):

\_\_\_\_\_

5. Immunization record (indicate most recent dates):

DTP \_\_\_\_\_

POLIO \_\_\_\_\_

Measles \_\_\_\_\_ Rubella \_\_\_\_\_ Mumps \_\_\_\_\_

Others not named: \_\_\_\_\_

Name of Physician (print): \_\_\_\_\_

Hospital/clinic name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_